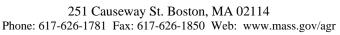


## Commonwealth of Massachusetts

## Department of Agricultural Resources Pesticide Bureau





## **Turf Notification Waiver**

Massachusetts Regulations 13.06(d)

<b>Company Information</b>	Residential Information
By signing below, I agree that only the property owner and immediate family are the only persons occupying the property that is being treating or that this residence will be unoccupied for at least 72 hours after the application is made. I am requesting to waive the notification requirement of 333 CMR 13.06(c).	
shall leave at the residence a written s  1. Name and license/certificat  2. The name and EPA registra property and for what purpose  3. Any precautions indicated of	tion number of the pesticide(s) that were applied to the
and 4. The date and time of applic	ation.
Signature of Contracting Entity	Date